

FILED 26 MAR '25 10:26 USDC-ORP

UNITED STATES DISTRICT COURT

DISTRICT OF OREGON

Portland DIVISION

Stephen Eric Jones

(Enter full name of plaintiff)

Civil Case No. 6:25-cv-515 MTK
(to be assigned by Clerk's Office)

Plaintiff,

v.

COMPLAINT FOR VIOLATION OF CIVIL
RIGHTS (PRISONER COMPLAINT)

Oregon State Hospital

Jury Trial Demanded

Oregon Psychiatric Security Review Board

☒ Yes ☐ No

Johnson Creek (SRTF)

(Enter full name of ALL defendant(s))

Defendant(s).

I. PARTIES

List your name, address, and telephone number below, and the same information for each defendant. Make sure that the defendant(s) listed below are identical to those contained in the caption of the complaint. Attach additional sheets of paper if necessary.

Plaintiff

Name: Stephen Jones

Street Address: 29398 Recovery way

City, State & Zip Code: Junction city OR 97448

Telephone No.: 541-465-2693

Defendant No. 1 Name: Oregon State Hospital
 Street Address: 2600 Center St.
 City, State & Zip Code: Salem OR 97301
 Telephone No.: 503-947-2800

Defendant No. 2 Name: PSRB
 Street Address: 6400 SE Lake Road
 City, State & Zip Code: Portland OR 97222
 Telephone No.: _____

Defendant No. 3 Name: Johnson Creek (SRTF)
 Street Address: 2808 SE Balfour St.
 City, State & Zip Code: Milwaukie OR 97222
 Telephone No.: 503-659-2575

Defendant No. 4 Name: _____
 Street Address: _____
 City, State & Zip Code: _____
 Telephone No.: _____

II. BASIS FOR JURISDICTION

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. You are bringing suit against (*check all that apply*):

- ☐ Federal officials (a *Bivens* claim)
☒ State or local officials (a § 1983 claim)

B. What federal constitutional, statutory, or treaty right(s) is/are at issue?

IN Feb 03, 2022, I was denied to question witnesses, present witnesses, review exhibits, present defense exhibit, the ability to appeal to higher appeals courts.

III. STATEMENT OF CLAIMS

Claim I

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

I suffered severely extreme pain and suffering for years that got worse. More time against me than spent helping me. Judge ~~and~~ Courtland Gees of Marion County Court has approved court order to see medical doctors outside of hospital interest and get referrals to other treatment, etc. Some ~~medications~~ medicines cause return of

Specific Arrhythmias that can only be reviewed and treated by arrhythmia specialist at St. Vincent's hospital

in Portland and I ask the courts to discharge me there. Oregon State hospital figured out also how to chemically punish me when I upset staff or kept me from legal and medical mail after being served through mail.

Claim II

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

The ~~PSRB~~ PSRB did not hold fair hearings and violated the rights to exam ahead of the "hearings". Did not allow me to submit evidence that

Claim III

State here as briefly as possible the facts of your case. Describe how each defendant was involved, when the conduct occurred, and any injuries you have suffered as a result. It is not necessary to give any legal arguments or cite any cases or statutes.

I was denied medical treatment by Johnson
Creed even after many proofs of damaged back
and spine while losing sight from Miss treatment.
Refused 3 referrals to neuro surgeon. Lied
on 2 pages of Revolve behaviors while denying
more exams & treatment. When I reported
~~there~~ there was Backlash & ~~retaliation~~ retaliation.
The Administrator who went to my Doc
appointments did not support me about truths

(If you have additional claims, describe them on another piece of paper, using the same outline.)

(1)

I am tired of lies against me especially when used to block me from going forward that I worked hard for. I will file in the courts things that are Lied about for whatever about, I will build around those Lies undeniable truths. A huge one was done at a P.S.R.B. hearing saying I was grandios, paranoid, and throwing shoes at staff. It was neglected to be stated that there was a closed door between us. I was being hurt in the eyes with very intense flesh lights. I explained many times My eyes are so delicate and easy to hurt. Please open my door and wiggle my toe. I have Never woke up aggressive or scared staff when they are gentle. Today is a perfect example (Feb 16-2025) a Nurse brought a early am Medicine with witnesses she gently Nudged me I woke and said "Thank you". She honored my wishes to not hurt my eyes. I was watching staff on NOCK shift smuggle in the high intensity Lights and or the Hallogen that aren't even allowed in cars because of the dangers of blinding traffic.

Staff should be willing to double check bad claims with me and others before assuming it must be true including the P.S.R.B. Exhibits of even over 200 are ~~never~~ Never conteted by My attorney. I always hear "No objection" when I have no clue what was ~~said~~ claimed. I have never had My rights upheld. The 4 main ones: ① cross exam witnesses, ② present witnesses, ③ Real evidence, present evidence. This is going to courts. I am tired of being Misrepresented by so many. I will Run a Five tooth Comb through

2) future claims, exhibits, and expose lies for what they are. I will re-exam records. Using court orders to re-view exhibits and request a new attorney now. I have been done wrong for to long now. I am my only advocate. But, I will throw myself at the mercy and protection ~~of~~ by the courts. They are the Higher power who I plead mercy to. It is time to win in my Life. The threats to be put back on insulins that is so terrible and traumatic to hear. It triggers so much memory of what has happened before. When I had to stop insulin before so many bad chemicals broke loose and staff at the Johnson Creek group home (even administrators) said we can see a huge improvement in my quality of Life! ~~Saw~~ But, we wish you could have same results, but without having to stop the insulins. So, I was forced back on insulins. I was told same thing at hospital several time then it became used as chemical punishment. Many records went missing. Truths were not sought out to see if I Lied or Not. Just accused me of Lying.

Stephen Jones
2-14-76

: 546-41-5436

caused it by forced meds and neglectful treatment and wrong Diet, since that is the case I want to file a tort against the Oregon "State hospital" for neglect, malpractice and continued denial of correct medical abuse of required ~~medication~~ treatment keeps happening. My rights have been denied, so as patient rights state I am to be ~~afforded~~ given an attorney.

Case 6:25-cv-00545-MTK Document 1 Filed 03/26/25 Page 8 of 24
Honorable Judge Mesman this is what I submitted to hospital
IDT OF Mountain 3 My Patient Rights
to request (I) to be represented by counsel since
My rights have been substantially been affected.

The individualized treatment plan has not been including the order for a guided Biopsy of the masses in My Back and on the spine. I have requested many times. (I have been told by a diabetic specialist of 25 years that remove the masses and my glucose levels will drop. That I do not have diabetes. I did take medicines told by doctors to take. The side affects were horrible when I reported then I was blamed that my behaviors caused them. These were the true under Lying Bad side effects that spread all over My entire upper body, but continued to be ordered to take ability at the Hospital and the group home (SRTF at Johnson Creek secure Residential treatment facility). I was also Added Larical back in 2018 that brought my 5.9% A1c to 14.9% in 8 months. Again I was forced/ordered to take these medicines, but accused of being Diabetic and not taking care of myself. The masses grew in My Lower back and up the spine to become acute Massive Migrains for 40 days. Physically proof became evident before and after My Revolve back to the hospital. In 2022 Jan, I refused diabetic treatment in community and was punished a lot. And worse at Hospital.

IV. EXHAUSTION OF ADMINISTRATIVE REMEDIES

I have filed for administrative relief as to all claims in Section III and have concluded all administrative appeals available to me.

☒ Yes

☐ No

V. RELIEF

State briefly exactly what you want the court to do for you and the amount, if any, of monetary compensation you are seeking. Make no legal arguments. Cite no cases or statutes.

Review the revoke for Hovesties with there is plenty of arguement. A tort for 5-6 years of suffering to what could have been fixed but caused internal harm anyway. Pay All legal fees and Court fees. for my pain and suffering and almost loss of vision. Having a strange unit full of very valuable property. Continual of Pushing Chemical punishment I seek the monetary compensation of 12 Million dollars. Where I would like to donate 6 million to building and running non prof Rit group homes & half way houses. As a phalanthropist

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 20 day of March, 2025

Stephen Jones
(Signature of Plaintiff)

①

I would like to Appeal my appeal I believe the Case Number is 4178668 against the Psychiatric security review board out of Portland Oregon Led by Alison Bort and attorney Harris Mattarazzo. I represented me each time assigned by the P.S.R.B.. I was having severe pain and suffering at the Johnson Creek group home a branch of Columbia care services.

I had found that I was ~~wrongly~~ - ly diagnosed with Diabetics back around 2017. My Blood test A1C's though were not over 6%. But, if I got diabetics over time it was from taking ordered diabetic treatment trying to cover symptoms of other medications. Such as I was put on abilify and became so sadly ~~ob~~ overweight. Then became put on Metformin for 18 months ~~until 2018~~ that caused daily morning diarrhea mixed with severe vomiting. I ~~became~~ became so miserable and was put on Lamictal in early 2018 to try to change my ever growing depression which made A1C's climb from 6% (average) to 14% (dangerous diabetic numbers). There is inclosed proof Abilify wrecked my Metabolic System. And Lamictal. (There is plenty I am trying to cover. Which I was doing at the Lower case through correspondence and paying a lot for special mail. when the Oregon State hospital at 2600 center st. Salem OR 97301) I am pleading to the courts for civil, a tort claim, medical malpractice and even criminal activity done by Simrat Sethi Blocking Letters to the courts and letters Back to me by the Honorable Judges. This caused cases to be closed there are several line 4 or more. I plead if possible to the courts for assignment of an attorney since my Civil were so badly violated.

I will be gladly supplying the courts with SubMITting form showing legal & a lot of various over lapping forms backing all I say. So, from the Johnson Creek group home I was discharged to in Oct 2019 the metformin for the claimed diabetes and Lipid along with Cogentin (a anti-psychotic ~~side~~ side effect reducing was prescribed just 2 months before release. It dropped glucose levels from 14% back down to less than 7%.) the Cogentin and Lipid was stopped in a few months. The nightmares of different types of Diabetic kept being forced or threats of rethor. That was not part of discharge from of hospital. The Back pain began growing from around Jan 2020 to such extreme Back, arms, spine, got so scary out of control began Nov 2020 I was on Baglasol causing migraines it was suppose to treat the misdiagnoses - Noses of diafo I kept being referred (3 times) for me to see Neuro-surgeons and ~~to~~ AND Allergy to specialist for Allergies ~~to~~ ~~to~~ possible side Affects from misdiagnosed and the meds used. I became blocked from medical treatment while succeeding person in the Johns creek group home. I passed at 3 group homes ~~think~~ step downs thinking it was wiser to stay. I was dead wrong. finally, The week of Jan 20, 2022 I had sent out greivances and medical neglect for refusal of treatment. I was questioned and I was honest and was threatened. Erin palmer and Alison Bort of the PSRB revoked me. I was told on Jan 20th I was revoked for failure to inject "Novolog" which was already cancelled. I was brought back to the hospital stating that was the reason.

Nobody would tell me the truths of my revokes. I had ~~no~~ no resources and could not reach the Attorney till two days before the hearing stating ~~the~~ Nothing about any others reasons. I had a revoke hearing Feb 3rd knowing Nothing until I was told I am starting over at hospital. I could not figure out why. I did not get my hearing Notice until Feb 15th that said I have 4 rights ① question accusers, ② request witnesses, ③ ~~to~~ review all documents, ④ submit exhibits. I never had the chance. That rights list was sent to the group home Jan 26th 2022. It was held, I did not know any exhibits until the end of Feb 2022 until first week of March 2022. It said I was revoked for many mis-truths including the worst "Abseonding" I had no chance. (When my hearing ended my attorney asked and I said I wanted to appeal. Three years later I ~~did not find out~~ was under the process and Harris Matarazzo; the appeal attorney didn't even tell me the appeal was upheld and we might as well start over. I no longer have confidence in my attorney that he has way to many cases and he can't even stay on top of this very important case. April 5th ~~however~~ however ~~heard~~ I heard from Alison Bort they see my ~~revoke~~ revoke and I ~~was~~ ^{did} not abscond. But that she sent out amended ~~which did~~ revoked order did not change for 3 years. It took many steps that I have been ignored a lot.

Honorable Judge Mosman,
My rights ~~to~~ to defend myself over the last
3 years have been ignored. The top 4 is the
PSRB hearings, I am supposed to be able to
Cross exam witnesses, provide witnesses, provide
evidence, exam evidence, and I more to know
all the evidence used against me. And even
my rights to ask for a hearing every 6 months
has not been upheld like promised.

Can you please review the PSRB appointed
attorney has not represented me for my interest but
the PSRB and the state hospital. My revoke was
a lie that has never been fixed for 3 years now.

Sincerely

Stephen Eric Jones

Stephen Eric Jones

2-14-76

546-41-5436

I do not have diabetes, (verified and
made clear to me by 4 doctors) but I do
have a damaged body from "abilify" harmed
my Endo chronology system badly. "Lamictal"
harmed my Cardiovascular system badly. Diabetic
medicines cause major inflammation and severe
pain and suffering of the entire nervous
system. Each time I prove I am ~~to~~ right
I get mistreatment to try to stop lawsuits of

3-19-25

(2) B

plenty of hospital personal and "Psychiatric
Security review boards" best interest.
AKA P.S.R.B.

Every time I went in front of P.S.R.B.
to validate my commitment I was not
allowed the promised,

- ① Review evidence of exhibits
- ② Allow me to provide evidence
- ③ Cross examine witnesses
- ④ Present witnesses

And all exhibits be allowed into fact with
no objection with not telling me any of them

There was maybe 6 court cases I had
filed and I opened my big mouth, but
others chose illegal choices to keep me from
all my constitutional rights. If I need to
formally request appeals this is my request
please. And according to patient rights that
when my rights are violated I can ask
for an attorney to be appointed. I am
asking not just civil court, but also
pleading for tort cases, and even criminal
review of harms done to me on purpose
knowing I was in danger of my life and
those who protected dependents, at the risk
protected of my life, but also
causing pain & suffering.

③c

All diabetic medicines have proved extreme pain and suffering. I have a strange chemistry, but when I listen it works.

I try to stop semiglucide because of pain and suffering, but get threatened I will be put back on insulins. That should be my choice. The lies are carefully manipulated while I lose trying to stand for myself. I got revoked the exact week I reported medical neglect and acquired Ultra-sound results proving masses & lipomas on and around the spine 3 years ago and have not gotten close to being let back out in community. I have not and will not be a danger in the community. The Laws to protect me are manipulated and I am backed into a corner. ~~at~~ My revoke back to the hospital I have proof that 80% of it the accusations untrue, but NO one wants to hear.

I have had access to hospital records that make me sick regarding the many lies told. I have lies, but records showing truth.

I had filed for Habeas Corpus And the records I have submitted ~~she Katharine~~ Katharine says not her expertise and will ~~drop~~ dismiss case after I am seen by outside doctors. That is not what I agree to.

PATIENT STATEMENT

Page 1

The hospital has broke systems in my Body then when I find doctors that proved what I said they deny the medicines did meany wrong. But, Ability ordered by doctors Broke my Metabolism system including At least 25 percent fatty Liver Buildup (as of 2019)

They said as of 2018 I must have Diabities and Made me take Diabities ~~ignoring~~ Medicines ignoring the side effects. SAME with putting me on Lanical causing my heart arrhythmia to return aftr it took 5 years to find the problem with the electronic hearts' system. But, it is acknowledged in my treatment plan, But never allow to go back to the ~~to~~ right doctor to fix and the meds with risky heart rate side effects I am told I have to do or get insulins. Again which is very painfull and ruins my quality of Life.

I have a court order to see my doctors of my choice. I am told I am Diabetic again if so it is the "Oregon State Hospital

Patient's Signature: Stephen JonesDate: 3-25-25

CONFIDENTIAL: This information has been disclosed to you from records where confidentiality is protected by State Law (ORS 179.505) and Federal Law (45 CFR, Part 164). You are prohibited from making further disclosure without specific written consent of the persons or as otherwise permitted by law.

ADDRESSOGRAPH

81
3-19-25

File: Correspondence
Thin: 6 Months
Form # 75015-MR-3 04/2017

10 weeks' antipsychotic drug treatment. Body mass and blood concentrations of glucose, insulin, leptin and lipids were also measured.

Results: Significant increases in both subcutaneous and intra-abdominal fat were identified after antipsychotic drug treatment. A three-fold increase in leptin secretion as well as significant increases in levels of circulating lipids and non-fasting glucose were also identified.

Conclusions: Patients first receiving antipsychotic drugs experience substantial deposition of both subcutaneous and intra-abdominal fat, reflecting a loss of the normal inhibitory control of leptin on body mass. *my waste was huge*
~~Along with fat deposition, the increase in levels of fasting lipids and in non-fasting glucose may provide early signs of drug-induced progression towards the metabolic syndrome.~~

ARIPiprazole may interfere with blood glucose control and reduce the effectiveness of metFORMIN and other diabetic medications. Monitor your blood sugar levels closely. You may need a dose adjustment of your diabetic medications during and after treatment with ARIPiprazole. It is important to tell your doctor about all other medications you use, including vitamins and herbs. Do not stop using any medications without first talking to your doctor.

Olanzapine- and aripiprazole-treated rats showed highly significantly increased fatty infiltration of liver (steatosis) compared with the control group. However, the aripiprazole-treated group showed less steatosis compared with olanzapine

Aripiprazole, an AAP considered metabolically sparing, induces insulin resistance but has no effect on postprandial hormones.

Does Abilify affect your blood sugar?
 Image result for abilify insulin pancreas
Increases in blood sugar can happen in some people who take ABILIFY.
Extremely high blood sugar can lead to coma or death.

The noticeably higher risks of spinal pain may be the result of diabetes-related imbalances in blood sugar, insulin, and free radicals, which place unhealthy stress on spinal discs.

Can chronic inflammation cause high blood sugar?
 But inflammation also affects our cells. It makes them insulin resistant, leading to chronically elevated blood sugar levels. Inflammation is often called a "silent" condition. This means it can develop unnoticed over time, contributing to chronic diseases like type 2 diabetes.

Every part of the spine can be affected by inflammation, from lower back inflammation to inflammation of the vertebrae. Acute injuries to the spine, including the bones, discs, ligaments, and joints, can cause swelling and fluid build-up that can be spotted on an MRI,

Mayo Clinic researchers wrote that "the likelihood of chronic back pain

sp I constantly begged doctors to check 2nd cause



Patient: Stephen Jones
D.O.B: 02/14/1976
Sex: Male
Phone: 503.752.0541

CDI/Insight MRN: 104738844
Exam Date: 01/14/2022

RAYUS Radiology Happy Valley
10121 SE Sunnyside Road Suite 170 & 325
Clackamas OR 97015
Phone: 503.253.1105
Fax: 503.535.8394

Referring Physician Information:
Francis Lee Poe N.D.
Suite 214 16144 SE Happy Valley Town Cen
Happy Valley OR 97086
Phone: 503.658.7715
Fax: 503.658.7181

EXAM: LOWER BACK ULTRASOUND *Upper spine ignored for now*

HISTORY: Bilateral lower back.

TECHNIQUE: Standard grayscale evaluation of the symptomatic region supplemented with color Doppler imaging, as indicated.

COMPARISON: None available. The patient reports previous MRI.

FINDINGS: At the symptomatic regions along the low back is lobulated tissue contours without distinct mass lesion. On the right this outlines an area of roughly 2.3 x 1.9 x 1.0 cm; the left towards the midline, 2.6 x 2.2 x 1.7 cm; on the left further laterally 1.7 x 1.3 x 0.7 cm. Tissue is relatively isoechoic to adjacent subcutaneous fat. No hypervascularity is seen.

IMPRESSION: Lobulated tissue contours in the low back although no clear soft tissue mass is indicated. These may represent lipomas but the findings are considered in indeterminate. Comparison could be made to prior MRI if study location is known. Otherwise, consider repeating lumbar MRI (order with contrast at radiologist discretion).

Electronically signed on 1/14/2022 1:23:00 PM by Christopher J. Altenhofen, M.D.

A handwritten signature in black ink, appearing to read "Chris Altenhofen", written over a horizontal line.

This was done 6 days before revoile showing what was hurting my whole back and kept growing with still not removed. I just watched ultrasound video. So, yes these masses hurt badly which did affect my quality of life and the ignored pain & suffering

2/17/25, 7:37 AM

Stephen Jones



RAYUS Radiology Happy Valley
10121 SE Sunnyside Road Suite 170 & 325
Clackamas OR 97015
Phone: 503.253.1105
Fax: 503.535.8394

Patient: Stephen Jones
D.O.B: 02/14/1976
Sex: Male
Phone: 503.752.0541

CDI/Insight MRN: 104738844
Exam Date: 01/14/2022

Referring Physician Information:
Francis Lee Poe N.D.
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Last 3 BP Readings:

Date: BP:
 05/24/2021 141/92
 03/22/2021 135/82
 02/02/2021 144/81

Chart review:

Long ago, results that do not ~~match~~ match
 up w/

MRI Cervical Spine wo Contrast

Impression

Performed by PHS IMAGING

IMPRESSION:

Relatively mild cervical degenerative changes as described contributing to mild
 bilateral foraminal stenosis at C4-5. No other significant canal or foraminal
 stenosis is appreciated within the cervical spine.

Dictated by: Matthew Orth D.O. on 5/24/2021 12:57 PM
 Electronically signed by: Matthew Orth D.O. on 5/24/2021 1:00 PM

Rapid change
 in 3 months not
 counting Lumbar
 or thoracic

Lab Results

Component	Value	Date
NA	139	02/02/2021
K	4.4	02/02/2021
CHLORIDE	103	02/02/2021
CO2	20	02/02/2021
CALCIUM	9.9	02/02/2021
BUN	10	02/02/2021
BUNCREAT	10	02/02/2021
EGFR	89	02/02/2021
EGFRAFAM	103	02/02/2021
CREATININE	1.02	02/02/2021
PROTEIN	7.3	02/02/2021
ALBUMIN	4.3	02/02/2021
GLOBULIN	3.0	02/02/2021
AGRATIO	1.4	02/02/2021
AST	82 (H)	02/02/2021
ALT	73 (H)	02/02/2021
ALKPHOS	74	02/02/2021
BILIRUBIN	0.3	02/02/2021
GLUCOSE	214 (H)	02/02/2021

ASSESSMENT/PLAN:

Problem List

Bilateral carpal tunnel syndrome - Primary

Overview

Tx: wrist braces

Current Assessment & Plan

If not improving with braces, consider F2F visit for evaluation, could consider EMG's.

Relevant Orders

REFERRAL TO DME SUPPLY

L3-S1

Chronic bilateral low back pain without sciatica

Overview

MRI 2/2021 - mild facet arthropathy no nerve/cord compression

that got much worse

Revoked claim to be about MR. Port, Carney
But I am still here for retaliation of medical neglect.
now get confirmation of treatment
ment in my back

Print Date: 3/18/2025 11:15

not a barrier to discharge



Client Name: Jones, Stephen	Client ID: 84101	Date of Birth: 2/14/1976
Admit Date: 5/28/2024	Discharge Date:	
Episode Number: 10	Unit: MN3	
Plan Date: 3/4/2025	Plan Name: 30-Day TCP Review	Status: Final

But, Dr. Mobbs and I do team fully support step down to SRTF / group home and see I am very stable.

Priority: Treatment Focus:

1 PSYCHIATRIC: Mr. Stephen Jones carries primary mental health diagnoses of schizoaffective Disorder, Bipolar Type, Borderline Personality Disorder, and Post-Traumatic Stress Disorder. Mr. Jones was adjudicated GEI and placed under the jurisdiction of the PSRB in December 2015. Mr. Jones was Conditionally Released from OSH to a community SRTF in October of 2019. In December 2021, following the rise of interpersonal conflicts at his placement (poor medical self-care/follow-through, accusations of physical abuse / blackmail/ bullying, drinking to intoxication, bringing alcohol into the facility, and aggressive behavior necessitating police response) a collaborative Behavioral Support Plan was put in place. January 2022 Mr. Jones was ultimately revoked back to the care of OSH. Per START, Mr. Jones would likely benefit from ongoing medication management, substance treatment, and individual and group counseling, such as ongoing participation in DBT, particularly interpersonal effectiveness and distress tolerance. He may also benefit from cognitive work targeting hostile attribution errors, which have led to feeling targeted and verbal outbursts.

Status:

Active Problem
Barrier to Discharge

I am taking medications and following a strong set of skills and modified past thought and behavior plan for my future participant in Life. As shown in

My Behavior chain analysis I sound these errors and how to prevent them, I instead of dealing with them after the fact of wrong behavior. I did not claim physical abuse, but medical neglect, I needed medical neglect. These claims are now involved in the federal courts. The drinking I did was wrong, but so was the Assault done to me by roommate that was covered up or ignored. 459-07 When I owned up all of it, being my fault I see how story has changed.

Print Date: 3/18/2025 11:15

Treatment Care Plan



Client Name: Jones, Stephen

Client ID: 84101

Date of Birth: 2/14/1976

Admit Date: 5/28/2024

Discharge Date:

Episode Number: 10

Unit: MN3

Plan Date: 3/4/2025

Plan Name: 30-Day TCP Review

Status: Final

- 2 SUBSTANCE USE: Mr. Jones has a history of polysubstance use going back as early as his teen years, including alcohol, methamphetamine, cocaine, MDMA, spice, and inhalants. Mr. Jones reports he is allergic to cannabis and denies use of other substances. Mr. Jones reportedly was found drunk in his room at his community placement in December 2021. Mr. Jones has cited chronic pain to be a significant trigger for substance abuse. Mr. Jones has ongoing general anxiety, health anxiety, and physical complaints and he would likely return to self-medicating for symptom management if living in the community unsupervised. Though stable in a controlled environment, it is critical that Mr. Jones understand the impact of substance use on mental health and that in the event of Conditional Release the PSRB would have abstinence of substances be a condition of such.

Active Problem

Not a Barrier to Discharge

*I constantly
look at my
Behaviors and
Become very
Mindful of what
Chemicals Induce*

*thoughts and actions. This has
proven to be a very good thought to prevent Relapse*

*I do not have Auditory OR Visual hallucinations with
out Chemically induced.*

Stephen Jones

Print Date: 3/18/2025 11:15

Treatment Care Plan



Client Name: Jones, Stephen

Client ID: 84101

Date of Birth: 2/14/1976

Admit Date: 5/28/2024

Discharge Date:

Episode Number: 10

Unit: MN3

Plan Date: 3/4/2025

Plan Name: 30-Day TCP Review

Status: Final

his return to OSH indicates lack of transparency from Mr. Jones related to medical conditions and refusal of medications for significant chronic conditions as stipulated in his Conditional Release Plan to be contributing factors to his revocation back to the hospital. Control of food related to diabetes also appears to be a trigger to interpersonal distress and potential aggression.

ALLERGY: FISH, SHELLFISH (crab, lobster, shrimp, clams, oysters, muscles, scallops) No tuna salad filling (not normally stocked on unit).

This is wrong. I was forced on Dangerous medicines causing Masses to build up in my Body, Chronic Severe pain and suffering and Blindness. I have not Been on those medicines in ~~which~~ a very Long time and the Body is still trying to Recover. I have been a huge Advocate in which what had been forced upon my Body has made it to Federal Courts

Print Date: 3/18/2025 11:15

Treatment Care Plan



Client Name: Jones, Stephen

Client ID: 84101

Date of Birth: 2/14/1976

Admit Date: 5/28/2024

Discharge Date:

Episode Number: 10

Unit: MN3

Plan Date: 3/4/2025

Plan Name: 30-Day TCP Review

Status: Final

- 2 MEDICAL: Mr. Jones' non-psychiatric diagnoses are monitored and/or treated by Nursing Services and Medical Services Clinic (labs, medications and treatments to be ordered if necessary - documented in AVATAR, please refer to MD/RN progress notes.)

Active Problem
Not a Barrier to Discharge

Active/ Maintenance: Chronic Pain, Type 2 Diabetes, Obstructive Sleep Apnea., Allergic Rhinitis, and Spondylosis (w/o myelopathy or radiculopathy of lumbosacral region).

Mr. Jones has a back brace and a C-Pap available via check-out/check-in and should be encouraged to use them as indicated

Medications (see Avatar for dosage and frequency):

Tylenol for Mild Pain
Naproxen for Moderate Pain
Magnesium Oxide for Chronic Pain
Albuterol for Wheezing/Shortness of Breath
Tums for Heartburn
Pepcid for GI Upset
Flonase for Nasal Allergy Symptoms
Lopid for Mixed Hyperlipidemia
Synthroid for Hypothyroid
Rybelsus for Diabetes
Miralax for Constipation
Metamucil for Bowel Support
Melatonin for Insomnia
Thera, Vitamin B1 & Vitamin E for Supplementation
Artificial Tears for Dry Eyes

NUTRITION: The Dietician has worked with Mr. Jones to allow for smaller amounts of food at meal times and increased easy to chew snacks to allow for autonomy with his meal/snack options that also meet OSH dietary guidelines. *SNACKS TO BE PICKED UP FROM MED WINDOW. SEE MEAL TICKETS IN AVATAR FOR CLARITY*

The community placement in which Mr. Jones was residing prior to

I have been
Seen by out-
side providers
saying I do Not
have Diabetes it
was Misdiagnosed.

If I do have it,
it was caused by Medicines
I had to take. Hence,
it was caused by
Obeying hospitals incorrect
treatments. There is
now orders in place
that I see outside
providers only
for my medical
treatments and
doctors I
choose.

Stephen Jones -